DRAFT

Summary Proceedings

Health Information Infrastructure Board Meeting (HIIAB)
Clarion Sea Tac Hotel
Thursday, June 22, 2006, 9:00 a.m. to 4:30 p.m.

Members Present
Wendy Carr, V. Marc Droppert, Thomas Fritz, James Hereford, Jeffrey Hummel, Hugh Maloney, Richard Onizuka, Marcus Pierson, Ed Singler, and Alexis Wilson.

HCA Board Staff and Consultant
Juan Alaniz, Ruth McIntosh and Dr. William Yasnoff

Board Members Not Present
David Masuda and Gary Robinson

Interested Parties Attending
Tom Byron, Washington State Hospital Association; Andy Fallat, Foundation for Health Care Quality; Jim King, Department of Labor and Industries; Roy LaCroix, PTSO of Washington; Kelly Llewellyn, HCA; Rick MacCormack, Northwest Physicians Network; Steve Moe, Consultant; Edith Rice, Senate Health Care; Sandy Rominger, The Boeing Company; DJ Wilson, Northwest Physicians Network; Karen Hartmenn-Voss, Inland Northwest Health Services; and Dave Weyburn, The Boeing Company.

Call to Order, Review and Approval of Minutes and Announcements
The meeting was called to order at 9:20 a.m. by V. Marc Droppert, Chair.
The May 18, 2006 meeting summary (minutes) was called to be moved, seconded and approved. All agenda items were adopted by V. Marc Droppert, Chair and the Board.

HIISAC Report: Board Subcommittee Process, Participation and June Meeting Feedback
Sandy Rominger reported on the challenges the HIISAC members thought would need to be addressed with regard to the subcommittee work. Alexis Wilson distributed and discussed a demonstration project which shows levels of health care coordination between community stakeholder groups, patients, family members, businesses, and government entities.

Current and Future Trends with Information Sharing: DOD-VA, Tri-Care
Colonel Salzman presented and discussed how the Department of Defense (DOD) has implemented health information technology. From the clinical business side, a joint initiative with ten different boards was sponsored by DOD and Veteran's Affairs to examine the clinical business needs. An overall assessment of that initiative is pending. The DOD's current project is the technical development and interoperability to facilitate exchanges of medical information for inpatient care. This project will be the major test for implementation. The "shared views" case diagram for TPS cycle 1 and 2 of DOD and

VA can treat patients from both systems. Some of the system components will support the active duty service members (ADSM), retirees, various dual eligible, future ADSM and others. The diagram cycle captures patient medical care, views and fetches remote data, and submits patient treatment data. The activities for the cycle reveal how the data viewing process takes place once the patient arrives at the medical facilities, DOD or VA. The data system has the capability of searching both systems' data to access the patient's medical information.

The architectural diagram for the cycle 1 system can provide discharge summaries which can be converted to a PDF for processing. This allows the data message to be sent and also notifies the senders of the available data. Discharge summaries can also be requested via web services from Madigan Army Medical Center (MAMC). A particular notice is shown to the VA providers if they select it. The implementation of this design development has been in effect since January 2006. The TPS cycle 2 architectural systems provide notes which can also be converted to a PDF for processing. This cycle also provides physicians with the ability to access the web service for a set of available notes based on patient identification and the note type. The planned implementation for this cycle is scheduled for early September 2006. Some architecture hurdles the DOD faces are push verses pull data storage, RLS, access, HIPAA, time, equipment and network configurations.

Both of the cycles, 1 and 2 can have notes sent as a CDA R1 L1 document. The implementation guide for the CDA R1 L1 was completed in October 2005, and provides a container for unstructured text body for the TPS cycle 1 and for cycle 2. The header and body will be used in both cycles. As for the CDA R2 implementation guide it was completed in May 2006 and is intended to be used for future TPS cycles. MAMC is proposing and requiring CDA R2 specifically for care data records.

The shared imaging can provide existing viewers with access as needed. The types of shared images viewers can see are x-rays, MRIs, CT, Ultrasounds, and EKG/ECGs. The DOD has five phases:

- Phase I – VA Sharing: Allergies, Meds, MPL, MPI, Labs, Rad results
- Phase II – TRIWEST (will require notes)
- Phase III – Children's/Swedish
- Phase IV – Inland Health
- Phase V – UTC Plan allowing for joining of organizations and services as well as billing

Colonel Salzman ended his presentation and addressed questions from the Board.

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Finalize Target Statement, Proposed Requirements and Other Criteria or Methods to Evaluate Models.

The question of, "What information is available, when how is it available?" was discussed for the draft "Requirements" document. Additional language was incorporated into the "target statement." Several edits for page three were adopted. Bill Yasnoff will revise with the suggested edits and submit to the Board for review.

Discussion: Markle Foundation Principles – Technical and Privacy Approaches to Building HII

Jeff Hummel led the discussion on how the Markle Foundation "principles" might fit in with the current work and process of the Board. The Markle Foundation has also based their principles on consent from the patient.

Bill Yasnoff commented that the Markle Foundation implemented these principles of key HealthIT events before the evolution and that he was a part of the process during that time. He encouraged the Board to take the best practice ideas and concepts of the Markle's approach and other sources.

There was no decision made, but Board members agreed that adoption of best practices from the Markle principles and other sources might be a better alternative than narrowing the scope of best practices to one approach.

Interested Parties and Public Comments

Tom Byron, Washington State Hospital Association

Tom Byron asked the Board to consider changes to the language in the Target Statement that would provide more clarity and offer a less restrictive construct to the statement. Specifically, he suggested that the board add the following clause to the sentence regarding consumer control to access, "Subject to prevailing laws. …". Tom asked that this be included because currently the consumer doesn't have control over all access to their records, but they may have more and/or different control in the future based on future laws. This clause addresses this concern. The second suggestion he had was to change the sentence that indicates that the health information technology is available to everyone in Washington State. The sentence should be revised to read, "…to everyone who receives "health" care in Washington State", because these are the individuals who have a record of care to access.

Continue Infrastructure Discussion, , Competitive Banking Model Concept, and Analysis Document of HII Models

Bill Yasnoff began the discussion and presented a comparison of the three models under consideration: between the three models: dispersed model, centralized health bank model, and the competitive banking model. The dispersed model identifies the patient's location. That generates a record for a patient, and then looks in the index pointer for the data to be

added to the index and patient authorization is required. The patient's data is then delivered to the appropriate physician. The diagram for the centralized model describes how the patient's data in the community is encountered and sent through a repository system. Whatever the new information might be, the information is stopped and authorization is needed before completion. The message is returned to the originator. The competitive model shows multiple index components that connect to other health record banks. With this system you may or may not have a bank to help identify the data. Each bank has a search window and if you wanted to search through this bank you will need to search through each window. This allows new information that is needed to be transferred and distributed to all of the other indexes. The sender or requestor may decide to have only one bank to avoid the overlaps of navigating through so many different banking models.

The discussion and questions then centered on average queries and interfaces required for the various models as well as details on functions of each. The models were then assessed on the criteria developed previously by the Board.
.Bill Yasnoff noted that, if we look at these health record banks from a functional point of view there are three basic functions they need to perform. They are withdrawals- essentially making the records available; deposits- that allow new information to be added, and searches. If each bank has these three functions (regardless of size), as long as identification has been established any one of these banking models will work.

Bill Yasnoff also mentioned these models will need to be matched against regulatory measures.

Marc Droppert recommended that the subcommittee determine which model is best suited and what the next approaches might be for implementation. He further recommended two items: 1) a proposal to the state to implement three stages for model implementation and 2) he recommended that the competitive banking model be adopted and asked Board members for their feedback. Juan Alaniz provided an alternative proposal to complement Marc Droppert's and that is to defer adoption until the Stakeholder Forums convened. This will allow the board to hear stakeholders' thoughts on whether the suggested model (competitive banking) also aligns with their thinking in addition to the HIISAC feedback. Marc Droppert agreed with Juan's suggestion and underscored a desire to have collective consensus approach for the recommendation. Chair, Marc Droppert call to moved this motion, which was seconded and approved.

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HII Business Case Discussion - deferred

Bill Yasnoff recommends and Marc Droppert agreed to have another entity work on or research in greater detail the technical elements for the HII business case. This may be an item for the HIISAC or a subcommittee.

Interested Parties and Public Comments

Tom Jones, Community CHOICE

As input and feedback for the meeting, I think the best system is the Competitive Banking Model and agree with the analysis paper for its selection. Two other related issues that I think need to be addressed, one way or another:

(1) A unique identifier system for all registered users of the Washington State Home Record Bank (HRB) system. We could even call it a "membership" number, to avoid the stigmata of "trying to reproduce the Social Security Number" issues. But the numbering scheme used by ALL the HRBs in the state has to be interconnected and completely sequential. There needs to be one centralized HRB number issuing authority.

(2) There needs to be established expectations that there will be a minimum standard for the contents of the LHR each HRB has to use. We have inferred that, but it isn't so stated anywhere I could find in these documents and think it needs to be.

Tom Byron, Washington State Hospital Association

I think what you just zeroed in on today, the health record banking (HRB) model, and the electronic medical record is just like the system that is currently being used today. However, today's version is fragmented, unregulated, and is not interoperable. What the Board should address is what plans they have to evolve this into an infrastructure that we'll continue to use in the future. Also, the Board needs to be cautious with respect to the interest from entities in becoming a health record bank. There will be challenges. Those who already have a bank may not choose to become one that serves others outside their organization. For example, if they became an HRB maybe they will be required to maintain and change their systems to collect a data set they aren't currently collecting. They may not be willing to perform this service (because, first and foremost, it does not fit with their business plan) and the board may need to address this issue if interested parties don't come forward. Namely, the board may want to consider incentives and liability limitations geared towards supporting these entities to perform this service.

Jim King, Department of Labor and Industries
"Volunteerism - are you making this a volunteer option?" Telling GHC that I wish not to be a part of this banking institution will be a nightmare. What interface will you give up? There might be some information that patients do not want to contribute. Somehow from the consumer's idea of what volunteering might be, will not work. We need to look at this and also need to have the legislation on board to ensure that the information is important. If we contribute and address these issues you are addressing today, will it work?"

DJ Wilson, Public Affairs Consultant and Northwest Physicians Network
DJ Wilson recommended that there be uniformity in what we say and what is meant by terms. He stressed that there needs to be cogent messaging of what the Board means with the various concepts and in making sure that the same consistent language, terms and lexicon is used in communicating these complex thoughts. He expressed frustration at not being able to consistently understand the exchanges at the Board level, with terms sometimes not being used consistently. He noted that the Board seemed to know what they were agreeing on and how the terms were being used but that we all needed to be on the same page. He suggested that development of a lexicon would be a good start and amplified on why this was needed to clearly articulate the vision and path for those we want to support with these efforts.

Other Assignments and Status Reports

- **Combined HIIAB/HIISAC Subcommittees**
  Juan Alaniz presented a proposed list of subcommittees and members. The subcommittee members listed showed interest in the various assignments. Further guidance and structure for the subcommittees that are comprised of both HIIAB and HIISAC members will be forthcoming as well as a charter for each group. Nominations for chairs and co-chairs were made and the four subcommittees below were unanimously commissioned by the HIIAB:
  - Consumer – Wendy Carr, Chair and Gil Thurston, Co-Chair
  - Organization & Governance – Marc Droppert, Chair and Tom Byron, Co-Chair (1) or John Christensen, Co-Chair (2)
  - Technical & Infrastructure – Jeff Hummel, Chair and Dean Sittig, Co-Chair
  - Finance & Sustainment – James Hereford, Chair and Rick Rubin, Co-Chair

- **Statutory creation of HII non-profit corporation options**
  Richard Onizuka addressed the Board with the latest updated information. He spoke about the need to have Legislation input with this and Marc Droppert ruled to have the matter delegated to the HIISAC or HIIAB Subcommittee of Organization and Governance for further exploration.

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- **Stakeholder Report**
  Juan Alaniz provided an update to the Board with a review of participation at the stakeholder meetings and how these meetings will help to identify support, issues, and provide feedback used to assess buy-in from key stakeholders. HCA has entered into a subcontract with Howard Thomas, Thomas and Associate Consulting, LLCW and DJ Wilson, Public Affairs Consultant, Wilson Strategic Communications to help us with developing and targeting the appropriate communication tools, materials, and use of an assessment tool to get stakeholders input. They will also help facilitate these meetings/events and tailor the communications for specific stakeholders and the public. This task and assignment will end in September. We also want to utilize HCA, HIIAB, and HIISAC members to assist with these stakeholder meetings. Marc Droppert suggested Wendy Carr and Ed Singler from WA State AARP might be good resources for the Consumer session.
- **Privacy Collaborative Grant & HealthIT Assistance Project** – Richard provided an update on the work of the collaborative and the project is on schedule.
- **WA State Health IT Coordination Forum**
  Juan Alaniz provided background on this forum which is principally a communication and information venue for the Washington State D.C. Delegation and Washington State staff (Governor's Office, HCA, HHS Region X) to keep all parties informed, intensify potential opportunities to collaborate, and coordinate further Health IT activities, initiatives or partnerships. Meetings with the DC delegation and our state are scheduled every other month and have opened up good communication lines.

Assignments and Adjournment

For the July HIIAB meeting the Board will have finalized the Target Statement, Requirements document, the three proposed models and the assessment. With no further business the Board was adjourned at 4:15 PM.